

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
09/830977

FILING DATE

APPLICANT(S)

8/16/84 11/18

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
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8	/	/	/	/	/	/
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47	/	/	/	/	/	/
48	/	/	/	/	/	/
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TOTAL IND.	14	8	1	5	1	5
TOTAL DER.	16	9	9	9	9	9
TOTAL CLAMS	32	10	10	10	10	10

*	IND.	DER.	*	IND.	DER.	*
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99						
100						
TOTAL IND.		8			8	
TOTAL DER.		9			9	
TOTAL CLAMS		10			10	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS